



Case Report Series

NEVO Implantation in the Healed Ridge of the Lower Posterior Mandible



Dr. Stefan Bienz,
Switzerland

“NEVO performed well in this case, enabling easier attainment of the final vertical position in the healed site with hard bone conditions, due to its superior cutting properties.”



The Baseline Situation

Patient with insufficient FDP in the posterior lower jaw

A 71-year-old systemically healthy, non-smoking patient presented during a routine recall session with the dental hygienist. During the examination, an insufficient FDP was noted in the region of 34-35-x-38. The FDP had debonded from the two mesial abutment teeth, and caries was diagnosed along the crown margin of tooth 35.

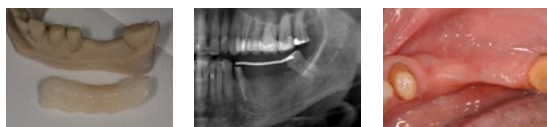


The Treatment Strategy



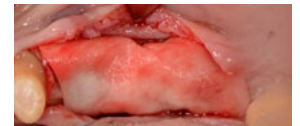
1 Preparatory steps

- Preparation of eggshell provisional
- Removal of the insufficient FDP
- Reevaluation of abutment teeth:
 - 34: Showing sufficient coronal tooth substance but an insufficient root canal filling
 - 35: Diagnosed with insufficient coronal tooth substance and deemed non-restorable
 - 38: Vital and with sufficient healthy coronal tooth substance
- Extraction of tooth 35
- Revision of root canal treatment on tooth 34 over two sessions
- Follow-up 8 weeks after extraction of tooth 35



2 Implant placement with GBR

- Elevation of a mucoperiosteal flap without vertical releasing incisions, followed by placement of two NEVO RC INICELL® implants (PF 4.0, L 8mm) with good primary stability
- Performance of GBR due to a thin buccal bone wall at 35 and a dehiscence defect at 37
- Placement of DBBM and a collagen membrane, secured with resorbable pins on the buccal aspect
- Performance of periosteal releasing incisions to achieve tension-free primary wound closure
- Cementing the provisional FDP after modifying the pontic area to allow space for swelling



3 Final restoration after 3 months

- Taking of final impression after 3 months of healing



The Outcome

The treatment resulted in the successful placement of an implant-supported bridge between teeth 35 and 37, along with new crowns on teeth 34 and 38. This comprehensive approach not only achieved an esthetically pleasing outcome but also promoted healthy surrounding tissues and stable bone levels.

